

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

**MAY 27 1943** 818  
Registration District No. ....

Primary Registration District No. **1003**

Registrar's No. **4473**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town. **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Jewish Hosp.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community..... **23 yrs**  
years, months or days)

3. (a) PRINT FULL NAME **Bessie Novich**

3. (b) If veteran, name war..... **No** 3. (c) Social Security No..... **No**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife. **Jake Novich** 6. (c) Age of husband or wife if alive. **(unk)** years

7. Birth date of deceased. **April** ----- **1895**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**ab** **48** **1** **---** hr. min.

9. Birthplace. **Volhynia** **Russia** **6**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business.

12. Name. **Isaac** **(unk)**

13. Birthplace. **Russia** **6**  
(City, town, or county) (State or foreign country)

14. Maiden name. **(unk)**

15. Birthplace. **Russia** **6**  
(City, town, or county) (State or foreign country)

16. (a) Informant. **J. Novich**

(b) Address. **744 Walton**

17. (a) **burial** (b) Date thereof. **5/13/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **CB Memorial Amosnath**

18. (a) Signature of funeral director. **Berger Memorial**

(b) Address. **4715 McPherson**

19. (a) **MAY 13 1943** **J. F. Brudeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County.....  
(c) City or town. **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **744 Walton**  
**Registered Alien** (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **11<sup>th</sup>**  
year. **1943** hour. **10<sup>15</sup>** minute **9** M.

21. I hereby certify that I attended the deceased from **May 8**  
**1943**, to **May 12**, **1943**  
that I last saw him alive on **May 11, 1943**,  
and that death occurred on the date and hour stated above.

Immediate cause of death. **Cerebral hemorrhage** Duration **30 min**

Due to **hypertension**  
Due to **hypertension**

Other conditions.  
(Include pregnancy within 3 months of death)

Major findings:

Of operations. **Jewish Hospital**  
Of autopsy. **Cerebral hemorrhage**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury

23. Signature. **S. S. Lewis** (M. D. or other)  
Address **4487 Westminister Pl** Date signed **5/12/43**

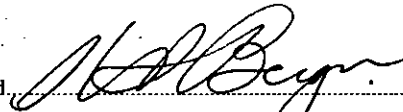
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....



Licensed Embalmer No. 1597

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**